



**CITY OF ALEXANDRIA, VA
FY 2006 REQUEST FOR GRANT PROPOSALS
COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES**

GRANT FOCUS

The City of Alexandria is seeking grant proposals from private non-profit organizations to provide a range of human services to Alexandrians who are adults age 22 and over, persons with disabilities, families or the senior population, or which run programs that serve anyone in need regardless of age.

Funding is to be used for the benefit of Alexandria City residents. Organizations applying for funding may be based either in the City of Alexandria or in other jurisdictions, but services must be provided to Alexandria residents.

The grant period will be twelve months beginning October 1, 2005 and ending September 30, 2006.

Only private non-profit 501 (c)(3) organizations are eligible to apply for funding.

*Proposals for programs designed to serve children age prenatally through five or youth ages 6-21 **will not be considered** for funding through the Community Partnership Fund. Contact the Department of Human Services at 703/838-0785 for information about the City of Alexandria's Children's Fund (age prenatally through 5) or 703/838-0992 for information about the City of Alexandria's Youth Fund (ages 6-21) for these types of proposals.*

Technical and contractual questions pertaining to this Request For Grant Proposals should be referred to:

Idania Padrón
Office of Management and Budget
(703) 838-4780

OR

For programmatic questions, please call:

Jack Powers
Department of Human Services
(703) 838-0903

GRANT BACKGROUND

The Community Partnership Fund for Human Services was established by the Alexandria City Council on October 14, 1997. Under this process, the City Council annually holds a public hearing on human services priorities in the fall of each year. Following public comment on these priorities, City Council adopts broad human services priorities.

During the City's annual budget process, the City Manager recommends an aggregate amount of funding available for the grant proposal process to address these priorities. Following City Council's adoption of the budget, awards to non-profit agencies are made by the City Manager on a competitive basis through this formal Request For Grant Proposal process.

For FY 2006 funding, the City Manager will notify successful grant applicants in writing by the first week in June 2005, for the grant year beginning October 1, 2005 and ending September 30, 2006.

Section A. *PROGRAM PRIORITIES*

The following priorities for the Community Partnership Fund for Human Services were approved by City Council on September 28, 2004 for FY 2006 (program year October 1, 2005 through September 30, 2006).

Proposals may focus on City-wide services, any part of the City or be neighborhood-based. Proposals may be submitted for either a specific program or to support the general operations of the agency; however, all proposals will be evaluated on the basis of the responsiveness to City Council's Community Partnership Fund for Human Services program priorities listed below:

SELF SUFFICIENCY

- Programs to promote self-sufficiency and independence (including but not limited to helping individuals access and maintain employment, housing and home ownership opportunities)
- Programs to aid families and individuals in crisis
- Programs directed at assisting immigrant populations to receive proper documentation and determination of citizen status or naturalization status, as well as help them become active citizens and be positive influential members of the community
- Programs to promote independent living, equality of opportunity and economic self-sufficiency for persons with disabilities

PREVENTION

- Community support programs that promote family and individual stability
- Community/neighborhood programs to prevent crime, violence, social isolation and neighborhood deterioration

PROTECTION AND TREATMENT

- Programs to prevent/reduce the impact of abuse and neglect
- Programs to provide affordable treatment for health, mental health and alcohol and drug problems
- Activities to reduce threats to the public health

Section B. *DEADLINE FOR INTENT TO APPLY FOR FY 2006 GRANT*

NEW PROCEDURE: All interested applicants completed and submitted an “Intent to Apply” for the FY 2006 Community Partnership Fund Grant by Monday, **November 15, 2004** for FY 2006 funding.

**We strongly encourage applicants to contact the
Office of Management and Budget at
703.838.4806 ext. 384 or TTY/TDD 703.838.5056
if your organization did not submit the Intent to Apply form.**

Section C. *DEADLINE FOR GRANT APPLICATION*

Grant proposals are due to the City on Friday, January 21, 2005 by 4:00 p.m.

Applications may be hand delivered or mailed to:

Office of Management and Budget,
301 King Street, Room 3600,
Alexandria, Virginia 22314.
(Third Floor of City Hall).

Applications received by hand delivery or by mail after 4:00 p.m. will not be accepted.

LATE OR INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED.

SUBMISSION OF GRANT PROPOSAL BY FACSIMILE WILL NOT BE ACCEPTED.

Section D. *FORMATTING OF PROPOSAL*

Proposals shall include the application cover sheet (Attachment 1) and should not exceed eight (8) single-sided pages for Section D, Items I – VII. The Program Budget Justification Narrative (Section D, Item V) and Program Budget and Revenues forms (Attachment 2) does not count toward this page limit. The Application Check List (Attachment 3) is to be submitted with the application. The grant proposal and the attachments should be submitted in a certain order, please refer to the “Application Check List” for details.

Section D. *FORMATTING OF PROPOSAL, continued*

All proposals shall use the following format, including Section D, Items I – VII:

- Applicants must provide **eight (8)** copies of the proposal (an original plus seven copies) including the required attachments.
- Applications must be prepared on Microsoft Word, WordPerfect or typed (handwritten applications will not be accepted).
- Narratives are not to exceed eight (8) single-sided pages and should be printed on white paper with one-inch margins on all sides, and using no less than 12-point font; pages should be numbered.
- Proposals should not be placed in binders or folders; one staple or fastener in the upper-left hand corner, securing all pages, is sufficient.
- Funded programs are required to be in compliance with the Americans with Disabilities Act.
- Agencies may submit one or more proposals. Agencies may submit joint proposals with other organizations.
- The application is available in the following formats:
 - 1.) Online through the City's web site alexandriava.gov
 - 2.) PDF version (available online), which can be downloaded and printed
 - 3.) Hard copy and/or large print typeface to be requested from the Office of Management and Budget

The Community Partnership Fund for Human Services is divided into two sections: 1.) “established,” which is for programs that have received funding in the past from the Community Partnership Fund for Human Services; and 2.) “new,” which is for not-previously funded, new and particularly innovative programs.

Section D. *FORMATTING OF PROPOSAL, ITEMS I - VII*

I. *PROGRAM GOALS*

Define the community problem(s) or need(s) and the intended purpose of the proposal to address the problem(s) or need(s). Describe how this program benefits residents of Alexandria. Provide data specific to Alexandria and evidence of the relationship between the proposal, the population proposed to be served and the City Council's program funding priorities for the Community Partnership Fund for Human Services.

Section D. *FORMATTING OF PROPOSAL, ITEMS I – VII, continued*

II. *PROGRAM DESCRIPTION*

Identify whether this is a new proposal or project, the continuation of an existing program, or an expansion of an existing program. If an existing program, provide a history of the program, including how it was developed, who was or will be involved in delivery of services or in support of the proposal. For new programs, identify how the concept for the project was developed, who will be involved, and start-up efforts to begin the project.

Provide an overall program description, identifying the following:

- Program title;
- Statement of program need;
- Services to be provided;
- Population served - (e.g., age, income, gender, numbers of persons, special needs, family structure);
- Specific number of persons to be served, including the specific number of Alexandrians to be served;
- Limitations on service or restrictions (e.g., only available in English, State licensure is required for provision of services, special accommodations are required for full participation by persons with disabilities, etc.);
- Geographic area being served;
- Hours of operation; and
- Eligibility for services, including how the program will verify Alexandria residency.

In this description, provide information regarding the specific program approaches to meeting needs of individuals, and the degree to which they are responsive to the significant problems or concerns in the community.

III. *OUTCOMES EXPECTED TO BE ACHIEVED*

Describe the specific, clear, measurable results that will be achieved as a result of this program proposal. Provide data on clients' services - numbers served, cost per client served and cost per successful client outcome, as well as key demographic and workload indicators (numbers served for current projects, and projections or estimates for continuation, new and/or expansion services).

Identify key success factors, as well as potential barriers to effectiveness. Provide examples of the program evaluation process/measurement tools to be used to determine the effectiveness of the proposal.

In addition, provide a time line showing key tasks, major accomplishments and expected milestones for the proposed project.

Please complete an "Outcomes Expected to be Achieved" form for each program goal for this section (Attachment 5). A sample form is also provided.

Section D. *FORMATTING OF PROPOSAL, ITEMS I – VII, continued*

IV. *FUNDING ISSUES*

Address the effect of partial funding upon the proposal. **Should the project be considered for partial funding, indicate the minimum acceptable level of funding, and describe the impact to proposed outcomes under that circumstance.**

Identify the outcomes that could be achieved with the reduced level of funding, incorporating any limitations expected as a result of partial funding. Lastly, identify a plan for raising continuation funding if City funds are no longer available.

V. *PROGRAM BUDGET JUSTIFICATION*

Following the Program Budget and Revenues form outline (Attachment 2), describe in this section the funding sources and other resources, including volunteer support, donations and in-kind contributions, and other support that will be available to support the proposed program. Identify future potential for additional funding and support opportunities from other non-City sources. Indicate the total funding applied for from other funding sources, if any, in support of the proposal. **All applications must include a completed Program Budget and Revenues Form, Attachment 2.**

Identify administrative costs. **Only administrative costs directly related to the proposal are to be included within the request.** Audit expenses are allowable expenses. Identify staff needed to accomplish program and job responsibilities. Indicate the percentage of time spent on the proposed program. Identify the percentage of the total budget request for the support of administrative costs.

Indicate all supervisory or overhead positions, providing percentage of time in support of project management, oversight or administrative support functions. Include as attachments relevant job descriptions, which outline job responsibilities. **Only job descriptions directly related to the proposal are to be included and labeled as Attachment 7.**

Identify the percentage of the total budget request for the support of supervisory or overhead positions.

For multiple agency/organization proposals, identify areas of shared costs or distribution of costs among participants. For multi-year proposals, a budget must be submitted for each year.

Provide a breakdown by category of a minimum acceptable level of funding if only partial funding is available, consistent with the dollar amount indicated on the Program Budget and Revenues form.

Section D. *FORMATTING OF PROPOSAL, ITEMS I – VII, continued*

VI. *ORGANIZATION(S) QUALIFICATIONS*

Provide information on the following:

- Organization's mission
- History of organization
- Relevant related experience
- Staff capabilities

If this is a multiple agency application, describe each organization and discuss the above-listed points. In addition, provide justification regarding the benefit to the citizens, the community and to the City that will result from the implementation of this proposal as a joint application.

VII. *COOPERATIVE RELATIONSHIPS AND EVIDENCE OF SUPPORT*

Describe how the proposed project complements or supplements other existing resources in the community. Identify how this proposal fits into a network of service providers and ways they are connected to demonstrate the effectiveness of the proposed project.

Give examples of current and past efforts, as well as those directly associated with this proposal, including partnerships or cooperative efforts with groups such as private and public organizations, agencies and schools, revitalization efforts, public safety agencies, business or civic organizations, and any other groups working cooperatively or in support of the proposed project.

Written documentation where applicable should be provided identifying roles and responsibilities to acknowledge mutual agreements for participation.

Section E. *PROPOSAL GENERAL REQUIREMENTS*

Awardees may be subject to negotiations about their application as a condition of award. Areas of negotiation might include adjustments to proposed budget requests, assurance requirements to address specific State and federal requirements and compliance with all applicable federal, State and City regulations and ordinances, or changes to comply with outcome measures and reporting requirements.

Applicants may be asked to provide additional materials, such as references or other materials to the Review Committee as part of the application review process.

Funding awards will be announced in early June, 2005 for funding available October 1, 2005. Applicants awarded funding will be notified in writing.

Section F. GRANT PROPOSAL EVALUATION CRITERIA

The City Manager will appoint a Review Committee that will review each application and make recommendations to the City Manager based on the following criteria:

All proposals must meet the following criteria or they will not be considered further by the Review Committee.

GENERAL

- The program proposal addresses an identified individual or community need, consistent with the Council-established Community Partnership Fund for Human Services priorities;
- The program proposal does not duplicate existing City-funded services or programs;
- The applicant will provide the supplemental information required, such as quarterly program and financial reports;
- Proposals for general support must address one of the following: organizational efficiency; program evaluation; or improved financial reporting;
- Proposals submitted for multi-year funding clearly demonstrate why a two year program effort is necessary for successful program outcomes;
- The application includes all required components, and is clear and understandable.

ASSESSMENT OF NEED (25%)

- The proposal clearly identifies and documents the extent of the need in the community that the program is designed to address;
- The proposal clearly demonstrates capacity to respond to the need within the community.

PROGRAM (25%)

- The proposal includes clear and attainable program goals;
- The proposed actions, activities and tasks are consistent with the program goals and objectives;

- The program strategies are reasonable and achievable, and the objectives are clearly defined;

PROGRAM (25%), continued

- The proposal employs appropriate cooperative approaches in the delivery of services to achieve efficiencies and maximize the full breadth of services to citizens (see Section D, Item VII);
- The applicant has the ability, based on qualifications and demonstrated local experience, and the necessary resources (including a complete Board of Directors) to implement and complete the program, and/or deliver the services as proposed.

FINANCIAL/BUDGET (25%)

- The applicant has demonstrated financial stability, as evidenced by an annual audit and a current year operating budget. If an audit was not completed, the applicant must submit financial statements including a balance sheet and statement of revenues and expenditures for the most recently completed fiscal year;
- The applicant plans to leverage non-City General Fund resources in support of the program proposal costs, and the proposal includes a variety of funding sources, such as foundation or other non-City grants, other charitable support, or private contributions (either cash or in-kind services), including a plan for raising continuation funding if City funds are no longer available;
- The budget request is reasonable in relation to the proposed program.

PERFORMANCE MEASURES AND OUTCOMES (25%)

- The program will document that services provided make a measurable difference in meeting the goals under the Community Partnership Fund;
- The program will document the progress of persons served in meeting identified desirable outcomes;
- The number of persons served and the cost per unit of service is identified and is reasonable.

Section G. REQUIRED ATTACHMENTS

The following forms must be completed and included with the application:

- **FY 2006 Application Cover Sheet** (Attachment 1)

- **Program Budget and Revenue Form** (Attachment 2) – this form can be obtained in PDF format available through the City’s web site at alexandriava.gov or can also be requested in Microsoft Excel by e-mailing ldania.Padron@alexandriava.gov.

Section G. *REQUIRED ATTACHMENTS, continued*

- **Application Check List** (Attachment 3)

Please label the following attachments as follows:

- **Outcomes Expected to be Achieved** form (Attachment 4) - refer to the “Sample” form provided and Section D, Item III, for more information.
- **Evidence of Non-profit Status** (Attachment 5) - provide one or more of the following: copies of IRS form 1099, copy of the current IRS determination letter indicating 501 (c)(3) and/or 509(a) tax exempt status, State Corporation Commission documentation, Articles of Incorporation or other documentation which identifies the organization's current or planned non-profit status.
- **Audited Financial Statements** (Attachment 6) - the applicant organization is required to submit its most recent audited financial statements (i.e., June 30, 2004). If an audit was not completed, the applicant must submit financial statements including a balance sheet and statement of revenues and expenditures.
- **Job Descriptions** (Attachment 7) - attach job descriptions of any positions proposed to be funded through the Community Partnership Fund for Human Services. Refer to section D, Item V, for more information.
- **Organizational Chart(s) and List of Board Members** (Attachment 8) - include Board of Directors (list of names), organization staffing, and identification of project proposed staff. Multiple charts are acceptable.

Section H. *REPORTING REQUIREMENTS*

An interim report on the status of each funded project must be submitted six months following the beginning of the award period including financial information and the status of the project. The report is due to the Office of Management and Budget no later than April 15, 2006.

Section I. *TWO-YEAR GRANT SIMPLIFIED RENEWAL APPLICATION*

NEW PROCEDURE: As a result of the meeting the Office of Management and Budget had with the Community Partnership Fund Ad Hoc Advisory Committee, the option of a two-year grant with a simplified renewal application is now available. For those non-profits wishing to apply for a two-year grant, they may indicate so on the FY 2006 “Application Cover Sheet.” The Community Partnership Fund Review Panel will take the request for renewal funding into consideration when the FY 2006 awards are decided.

Future funding under the simplified renewal application will be for an amount no more than the funding awarded in FY 2006, and if recommended by the Review Panel, will still be subject to City Council’s approval of appropriations in FY 2007. Notification will be made in June 2005. The simplified “Application

Renewal” form and instructions will be sent to successful non-profits at that time. The simplified “Application Renewal” form is due by January 20, 2006. Please refer to Docket Item #11, dated September 14, 2004 for further information on the results of the Community Partnership Fund Ad Hoc Advisory Committee Meeting.



MAIL OR HAND DELIVER TO:
Office of Management and Budget,
301 King Street, Room 3600,
(Third Floor of City Hall)
Alexandria, Virginia 22314.
Attention: Idania Padrón

CITY OF ALEXANDRIA, VA
FY 2006 REQUEST FOR GRANT PROPOSALS
COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES
FOR OCTOBER 1, 2005 – SEPTEMBER 30, 2006

FY 2006 Application Cover Sheet

Organization's Legal Name: _____

Project Title: _____

Organization's Address: _____

Organization's Website Address: _____

Would your organization
like to be considered
for two-year funding?

Please indicate below:

☐ Yes or ☐ No

Executive Director's Name: _____

Executive Director's Phone: _____ Fax: _____

Executive Director's Email: _____

Contact Person's Name and Title: _____

Contact Person's Phone: _____ Email: _____

Organization's Total Budget for FY 2006 (exclude in-kind contribution): _____

Section of the Fund, "New" or "Established," in which applying for funding: _____ (Please circle one)

Grant Amount Requested: _____ NEW / ESTABLISHED

Geographic Area(s) Served: _____

Population(s) Priority(ies) being addressed: _____

Program Priority(ies) being addressed: _____

I certify that to the best of my knowledge, information regarding this proposal reflects accurate data regarding need and estimates of planned/delivered services. The proposal was considered and approved for submission by the agency Board of Directors on _____.

(date)

By signing this application, the undersigned offers and agrees if the proposal is accepted, to furnish items or services for which prices are quoted, subject to final negotiation and acceptance by the City of Alexandria and subsequent contract award.

Executive Director (or name of representative) _____ Date _____
(For multiple agency submission, please submit additional sheets as necessary.)

DEADLINE FOR SUBMISSION OF FY 2006 COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES GRANT APPLICATION IS JANUARY 21, 2005, NO LATER THAN 4:00 P. M.



**CITY OF ALEXANDRIA, VA
FY 2006 REQUEST FOR GRANT PROPOSAL
COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES**

Program Budget and Revenues Form

	*2004 ACTUAL INCOME	*2005 BUDGET	*2006 REQUESTED
REVENUE BUDGET			
1.) Community Partnership Fund	_____	_____	_____
2.) Other City Agency Funding**	_____	_____	_____
3.) Other Non-City Cash Funding:			
Arlington County	_____	_____	_____
Fairfax County	_____	_____	_____
Loudoun County	_____	_____	_____
Prince William County	_____	_____	_____
Other Local Governments	_____	_____	_____
State Government (please detail)	_____	_____	_____
Federal Government (please detail)	_____	_____	_____
Fees	_____	_____	_____
United Way	_____	_____	_____
Grants	_____	_____	_____
Contributions	_____	_____	_____
Other	_____	_____	_____
4.) In-kind Contributions	_____	_____	_____
TOTAL PROGRAM REVENUE			
	=====	=====	=====

* Please indicate whether periods covered are Calendar Year (January - December), Fiscal Year (indicate months included), or Grant Year (October 1- September 30).

** Please include funding in support of proposed program and identify source (i.e., Children's Fund, MHMRSA contract, DHS contract, etc.).



**CITY OF ALEXANDRIA, VA
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Program Budget and Revenues Form

	*2004 ACTUAL EXPENSE	*2005 BUDGET	*2006 REQUESTED
EXPENDITURE BUDGET			
A. PERSONNEL COSTS			
1.) Salaries* (Please include position title)			
Position #1-	_____	_____	_____
Position #2-	_____	_____	_____
Position #3-	_____	_____	_____
2.) Fringe Benefits (List all applicable line items)	_____	_____	_____
SUBTOTAL	=====	=====	=====
B. OPERATING EXPENSES			
1.) Space Rental	_____	_____	_____
2.) Postage	_____	_____	_____
3.) Office Supplies	_____	_____	_____
4.) Printing/Copying	_____	_____	_____
5.) Consultant Services	_____	_____	_____
6.) Telecommunications	_____	_____	_____
7.) Training	_____	_____	_____
8.) Travel	_____	_____	_____
9.) Client Services (List all applicable line items)	_____	_____	_____
10.) Equipment rental	_____	_____	_____
11.) Other (Itemize)	_____	_____	_____
SUBTOTAL	=====	=====	=====
TOTAL PROGRAM EXPENDITURES			
	=====	=====	=====

* Please indicate whether periods covered are Calendar Year (January - December), Fiscal Year (indicate months included), or Grant Year (October 1- September 30).



**CITY OF ALEXANDRIA, VA
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Application Check List

Please submit the grant application in the following order:

ATTACHMENTS: (Refer to application Section G)

1. ☐ FY 2006 Application Cover Sheet (Attachment 1)
2. ☐ Program Budget and Revenue Form (Attachment 2, Page 1-2)
3. ☐ Application Check List (Attachment 3)

PROPOSAL / NARRATIVE: (Refer to application Section D, Items I-VII)

- I. Program Goals
- II. Program Description
- III. Outcomes Expected to be Achieved (Attachment 4, refer to sample provided)
- IV. Funding Issues
- V. Program Budget Justification
- VI. Organization(s) Qualifications
- VII. Cooperative Relationships and Evidence of Support

ATTACHMENTS:

5. ☐ Evidence of Non-profit Status (Attachment 5)
6. ☐ Audited Financial Statements (Attachment 6)
7. ☐ Job Descriptions (Attachment 7, refer to application Section D, Item V)
8. ☐ Organizational Chart(s) and List of Board Members (Attachment 8)



**CITY OF ALEXANDRIA, VA
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Outcomes Expected to be Achieved

PROGRAM GOALS:

Objective	# Clients	Activity/Service	Outcome Expected	Measurement Tool



**CITY OF ALEXANDRIA, VA
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Outcomes Expected to be Achieved

PROGRAM GOALS: To provide culturally and linguistically appropriate services to low-income cultural- and language-minority individuals and families to improve their functioning and promote stability.

Objective	# Clients	Activity/Service	Outcome Expected	Measurement Tool
* Provide information, referral and legal services to help clients address basic needs that, if left unresolved, compromise their stability.	300	* Provide multilingual telephone and walk-in information and referral to other services	* 85% will receive information, referral in their language	* phone log; client database; agency feedback; client report